

MDR Tracking Number: M5-04-0432-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-10-03.

The IRO reviewed office visits, joint mobilization, therapeutic procedures, application modalities electrical stimulation, range of motion (ROM) measurement report and physical performance test rendered from 06-17-03 through 07-17-03 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. Office visits, therapeutic procedures, range of motion (ROM) measurement report and physical performance test from dates of service 06-17-03 through 07-03-03 were found to be medically necessary. Joint mobilization, application modalities electrical stimulation from dates of service 06-17-03 through 07-17-03 and office visits, therapeutic procedures, range of motion (ROM) report and physical performance test after date of service 07-03-03 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-12-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
6/12/03	99213	\$48.00 (1 unit)	\$0.00	NO EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
6/12/03	97265	\$43.00 (1 unit)	\$0.00	NO EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
6/12/03	97032	\$44.00	\$0.00	NO EOB	\$44.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$44.00
6/12/03	97110	\$175.00 (1 unit @ \$35.00 X 5 units)	\$0.00	NO EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	See rationale below. No reimbursement recommended.
TOTAL		\$310.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$135.00

This Decision is hereby issued this 16th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 06-12-03 through 07-17-03 in this dispute.

This Order is hereby issued this 16th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Dates of Service

December 17, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0432-01
IRO Certificate #: IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when he fell 15 feet off scaffolding, fracturing his right tibia and ankle. He had an ORIF on 06/09/01 and received postoperative rehabilitation. A CT scan later revealed loose bone fragments and he underwent an arthroscopy on 02/12/03 and again on 05/28/03 for removal of hardware, fragments, and debridement.

Requested Service(s)

Office visits, joint mobilization, therapeutic procedures, application modal electrical stimulation, range of motion (ROM) measurement report, and physical performance test from 06/17/03 through 07/17/03

Decision

It is determined that the office visits, therapeutic procedures, range of motion (ROM) measurement report, and physical performance test from 06/17/03 through 07/03/03 were medically necessary to treat this patient's condition.

However, joint mobilization and application modal electrical stimulation, from 06/17/03 through 07/17/03 and the office visits, therapeutic procedures, range of motion (ROM) measurement report, and physical performance test after 07/03/03 were not medically necessary to treat this patient.

Rationale/Basis for Decision

The surgeon's report following the second arthroscopy on 05/28/03 indicated the need for therapy because of the amount of scarring found at the time of surgery. A follow-up visit on 06/09/03 indicated the patient was doing well and started on some therapy to supplement his exercises at home. It was stressed to him that he needed to continue his self-administered exercises.

The surgeon's records clearly indicate the therapy was to supplement his exercises at home. The records do not properly document nor support the need for joint mobilization, electrical muscle stimulation, or an on going supervised exercise program in this case. Therefore, It is determined that the office visits, therapeutic procedures, range of motion (ROM) measurement report, and physical performance test from 06/17/03 through 07/03/03 were medically necessary. However, joint mobilization and application modal electrical stimulation from 06/17/03 through 07/17/03, and the office visits, therapeutic procedures, range of motion (ROM) measurement report, and physical performance test after 07/03/03 were not medically necessary.

Sincerely,